

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567561

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5	/		/			
6	/		/			
7	/		/			
8		/		/		
9		/		/		
10		/		/		
11		/		/		
12		/		/		
13		/		/		
14	/		/			
15	/		/			
16	/		/			
17	/		/			
18		4		—		
19		2		—		
20		2		—		
21		6		—		
22		2		—		
23		2		—		
24		2		—		
25		0		—		
26		0		—		
27		0		—		
28		0		—		
29		0		—		
30		0		—		
31		0		—		
32		13		—		
33	/		/			
34	/		/			
35	/		/			
36	/		/			
37		2		—		
38		2		—		
39		0		—		
40		0		—		
41		0		—		
42		2		—		
43		0		—		
44		0		—		
45		0		—		
46		0		—		
47		0		—		
48		0		—		
49		0		—		
50		0		—		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/			
52	/		/			
53	/		/			
54	/		/			
55	/		/			
56	/		/			
57	/		/			
58	/		/			
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68				/		
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89				/		
90				/		
91				/		
92				/		
93				/		
94				/		
95				/		
96				/		
97				/		
98				/		
99				/		
100				/		
TOTAL IND.		↓	28	↓		↓
TOTAL DEP.		←	47	←		←
TOTAL CLAIMS			75			